To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
1. Cheryl Gosse Goodman	Cheel Done Godno	street: 3214 Heatherdell Lane City: Madison zip:53713	Town Village Madison	// //6/2011 (Month) (Day) (Year)	Email Phone		
2. Nicole Juan	Aug a	street: 1319 Jenifer St City: Madison zip: 53703	Town Village Madison	(Month) (Day) (Year)	Email Phone		
3. Rebecca Mogensen	Rehama Nigorano	street: 1912 Adams St City: Madison zip: 53711	Town Palison	(Month) (Day) (Year)	Email Phone		
4. Bossi McLoughlie	Bossi Mahri	Street: 1738 ROTH STREET	□ Town □ Village □ City Madi SUP1		Email Phone		
5. Rick Petran	Juk Than	Street: 6109 Quefico DR City: Manisara Zip: 53705-	□ Town □ Village □ City MADIST □	1 // / / 20 <u>1 (</u> (Month) (Day) (Year)	Email Phone		
6. Jon Nash	Joh Prash	Street: 38 14 HEAVET Dr. #4 City: Madison WI zip: 53714	Town Uyillage Malisan	(//- /20 <u>/</u> (Month) (Day) (Year)	Email Phone		
7. Debra Rochon	Debra Rochon	street: Notis Barber Rd City: Blue Mounds zip: 53517	Ocity Blue Mounts	// /6/20_11 (Month) (Day) (Year)	Email Phone		
8.		Street: 3 2 Now CASITE WAY City: A Main to Bruch zip: 53704	DTown Willage City No.Dle Slat	(Month) (Day) (Year)	Phone (
5 Enn Welsh	on B Welsh	city: Madison zip: 53703	U Village	$\frac{11}{\text{(Month) (Day)}} \frac{1}{\text{(Year)}}$	Email Phone		
10. Tim Spence.	In Source	Street: 9 CORONADO CT. City: MACISON ZID:53705	□ Town □ Village M D (50°)		Email Phone		
ROBERT A. KASI	Certification of the control of the	of Circulator fy): I reside at 3809 Ancirculation	Da MADISO	N. WI			

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Fin Paulson	In Paulo	Street: 213 & G/EXN BAY AV City: SAVKVIVE WI 2563020	Town Sa Wille	///6/20	I
Jesika Kehn	But all	Street: 7354 Timberlake Tr 1 #207 City: Madison WF zip: 53719	Town Village Madison	11/16/2011 (Month) (Day) (Year)]
Steve Blaskowski	A BULL	street: 7354 Timberlake Tr1 #207 city: Madison, WI zip: 53719	Town Village Ma Jison	/ 6/20 (Month) (Day) (Year)	
Thorvaldsen	200	Street: 214 Dixon St City: Madison WT zip:53704	Town Village Macks on	(Month) (Day) (Year)	
A jchavo Annotwn	Erchale Comoting	Street: 3505. HAMILTON #302 City: MADIS ON WI Zip: 53703	Town Sillage Acity TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	/ / 1/6/20 <u>[</u> (Month) (Day) (Year)	-
BEVERLY ARN STROK	a Severy Jum tuny	Street: 350 S. HAMILTON # 302	-l ∐ Village ((Month) (Day) (Year)	-
David Hellrung	Silly '	Street: 3279 5, Pennsylvania Ave, City: Milwaukee zip: 53207	Town Village Mil worker) /) 6/20 11 (Month) (Day) (Year)	-
Robert Mibee	But Misse	Street: 3037 4/266 City: Madis w W. 5, Zip: 53714	Town Uillage Sciv	(Month) (Day) (Year)	
heryl Edgington	Churt Edna	street: 521 Morthast. city: Edgerton wi zip: 53534	Town City Edgerton	1) /(6/20_11 (Month) (Day) (Year)	-
Myelic Storys	Graphe Maga	Street: 73 (190e) (Ve	□ Town □ Village □ Village □ Villoge	(Month) (Day) (Year)	-
ROBERT A. KASI	Certification		MADICO	~	

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Runicipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or ber name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12. 13(3)(a), Wis. Stats.

| Page No. (Official Use Only) | Page No. (Official Use Only) | # 1952

®crush and 9

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	FURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.].
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Khader ABu Até	is Khyldis	Street: Sun provine, Wizip: 535go	Town Village Sun prairie	11 /16/2044 (Month) (Day) (Year)	Email Phone
2. LISA J. PEARSON	Troad leaven	Street WOUS 4 CTY RD CL City: ALBANY, NI ZIPS 3502	Town BRECK LYN City	/////20// (Month) (Day) (Year)	Email Phone
BENNETT SYVERSON	13	Street: 110 W. BAKER ST City: BY MCHANDRICE Zip: 535/6	□ Town SA VCHANIVILLE □ City	///6/20_// (Month) (Day) (Year)	Email Phone
Ben Hansen	um	Street: 4806 South Hill Dr. City: Maclison zip: 53705	Town Village Madison	/////20// (Month) (Day) (Year)	Email Phone
Susan Hilsener	Susan Helschur	Street: 586 Harvest Ly City: Verona zip: 53593	Town Verona	// // 20//_ (Month) (Day) (Year)	Email Phone
6. PETE SUAY	Plata ARZ	Street: 503 MEDDLEBURY PL City: MADISON Zip: 53766	□ Town □ Village MADISON	(Month) (Day) (Year)	Email Phone
Greg Grunewald	Aug A el.	street: 845 Kimseth Cir. city: Deerfield zip.53531	Town Deerfield	// / (/2011_(Month) (Day) (Year)	Email Phone
"Sarah Dollevoet	Sarah Dollwest	city: Little Chute zip: 54140	St Village Little Chute	// //6/20 <u>//</u> (Month) (Day) (Year)	Email Phone
FRODERICK BRIGHT	Bre Franks Bughte	Street: 3557 Bishops Way Sity: Middleton, W1, zip. 535-62	Town Village Protity Middleton, WI	(Month) (Day) (Year)	Email Phone
10. Zilvinas conte	Munus Sun	street: 6233 saind stone City: Madison zip: 5379	Town Village Mad 1800	(Month) (Day) (Year)	Email Phone
Λ 1/	Certification (of Circulator			
(Name of Circul	ator)	fy): I reside at 3809 Anothor Da (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator M	Iunicipality)	Circulo P

		(Name of Circulator)		(Circulator's Residence - Street name		(Circulator Municipality)
personally circulated the	nis recall petition	and personally obtained eac	th of the signatures on this paper. I know that the signers are ele	lectors of the jurisdiction or district represented by	y the officeholder named in this	petition. I know that each person signed
he paper with full know	ledge of its conte	ent on the date indicated opp	osite his or her name. I know their respective residences given.	a. I support this recall petition. I am aware that fal	sifying this certification is punis	hable under S.12.13(3)(a), Wis. Stats.
41 /	16	(20 1)	_ Kook Kann			Page No. (Official Use Only)
(Month)	(Day)	(Year)	Signature o	of Circulator)		# 1953

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MA1LING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	JTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	-
Christopher R. Ouinn		Street: 5625 Brendan Av. City: Fitchburg: zip:53711	Town Village Fitchburg	(Month) (Day) (Year)	Email Sho Phone
Benjamin T. Schoer	3-7 m	street: 5331 Brody Dr. #104 City: Madison zip: 53705	Town Village Madison	11 /15/20 11 (Month) (Day) (Year)	Email Phone
J.R. loon	TRE	Street: 1134 SPATEHT ST City: MADISON Zip: 53703	Town Who isow	11 / (5/20 <u>11</u> (Month) (Day) (Year)	Email Phone
ERIC M. FARMER	Emde	Street: 3809 ANCHOR DR City: MADISON XX Zip: 53714	□ Town □ Village PS-City MAI) (5>~	11 /15 /20 11 (Month) (Day) (Year)	Email eric Phone
Jeannine Wahlquist	Jeannine Wahlquist	street: 3809 Anchor Dr. city: Madison WI zip: 53714	Town Village MADISON	(Month) (Day) (Year)	Phone (
EILEEN MERSHART	Elis Merchant	Street: 333 W. MIFFLIN 57#7/16	Town Ullage City MADISON	11/16/2011 (Month) (Day) (Year)	Phone (
Alexandria Bond	Alexader Bond	street: 5502 Tolman Terrace City: Mordison zip: 53711	Town Village City Merch 500	(Month) (Day) (Year)	Email Phone
Thomas Rozeske	Thomas Rozelle	Street: 2720 McDivitl Rd Apt 308 City: Mostistin, W1 zip: 53713	Town Village City Moliscin	(Month) (Day) (Year)	Email C Phone
"James W Adams	James W Achies	Street: 333 W. Day ton St Apt 315 City: Madison zip: 53703	Town Village May 150 M	// &/20	Email Phone
CAROLYN Someppel	Carolyn Schuppel	Street: 1016 J N. Sunnyvale Ln City: Madison zip: 53743	Town Utilage City Wedle ST	11 /16/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
ROBERT A K	4-011	of Circulator ify): I reside at 3809 Avonar 1	DR MADISON	<u>. </u>	Circui

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Peter G. Boger	File D. Bas	Street: 832 Jensfer St. #2 City: Madison zip: 53703	Town Village Madizon	11 /15/2011 (Month) (Day) (Year)	Email Phone (
2. Liss M. O Convor	LOum-	street: 1431 Morrison St. #3 City: Madison WI zip: 53703	Town Village Madison	1 (/15/20_11 (Month) (Day) (Year)	Thone (
TIMOTHY M. HAUB	Low thy M Haut	Street: 3815 Monona Dr. 42/ City: Monona Wi. zip:53714	Town Village Macrison Working Work	11 /15 20 17 (Month) (Day) (Year)	Email Phone
Mary K. Musachia		Street: 3815 Monora Dr. #21 City: Monora (1) Zip: 53714	Town Village RCity Monona		Email Phone
5. Leah Stargardter	Holoson 9	street: 1426 Jenifer Str City: Madison Wl zip: 53703	Town Village Madison	/15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
Meredith Bourne	muldubuer	street: 2411e Atwood Ave #Z City: Madison W1 zip: 53744	Town Wadison	11 /15/20 <u>11</u> (Month) (Day) (Year)	Email Phone (
JUAN LOSADA	11	Street: 1840 YAHARA PL. City: MADISON Zip: 53704	Town Village Madison	\\\ \/(\\$\/20_{\text{Il}}\\\ \(\(\text{(Month)}\)\(\(\text{(Day)}\)\(\(\text{(Year)}\)\)	Email Phone
8. Scott Van Egeren	Scott regun	Street: 173 Dixon St City: Madison zip: 53704	Town Village Madison	(Month) (Day) (Year)	Email Phone
9. ANDY NOEZ	ilah	Street: 5920 GEMINI DIE City: MADISAN Zip: 53718	Town Village Madison	11/15/201((Month) (Day) (Year)	Email Phone (
10. Clay Snith	CAA	Streel 410 William sonship City: MADISON Zip: 53703	D Town Wadison	U /15/20U (Month) (Day) (Year)	Email Phone
Isaac Hacero	Certification		t.#2 Madoson		

	(Name of Circulator)		(Circulator's Residence - Street name and Number)	(Circulator Municipality)
			lectors of the jurisdiction or district represented by the officeholder named in	
the paper with full knowledge of	f its content on the date indicated op	posite his or her name. I know their respective residences given	 I support this recall petition. I am aware that falsifying this certification is p 	unishable under S.12.13(3)(a), Wis. Stats.
1(/ 1	(20 1)	exoal fucles		Page No. (Official Use Only)
(Month)	Day) (Year)	(Signature o	of Circulator)	# 1955

(Circulator's Residence - Street name and Number)

Circula

(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
"Julie Smith	Julie Smin	Street: 11647 No. Maple Boach	Town Milton	(Month) (Day) (Year)	Email Phone	
2		city: Edgerton zip: Wi.	-	(NIOHE) (Day) (Tear)	Email	
2. WILLKM KARKE	Hullim 2008	Street: 1054 WILLIAMSON	Town Village M. DISON	11 /15/20]	Phone	
10-1		City: 10 ND 15 DV Zip: 5370	City /VIX VI	(Month) (Day) (Year)		
3. Rundal Smith	I fled d. Ha	Street: 4224 Winnegual Rd	□ Town	11/15/2011	Email	
Manager John 19	man comme	city: Monona Zip: 53716	Town Village Monone	(Month) (Day) (Year)	Phone (
4.	<i>t</i> 0 c	Street: 614 S. Boldwin St. #4	□ Town	1 /5/2011	Email	
Lacery Smith	June ()	city: Malison zip:53703	Village Madison	(Month) (Day) (Year)	Phone	
5		1 177 1 11 11 HS	□ Town	[1] 10 11	Email	
MAXLIWHITE	Max P. White	Street: UN(O)	UVillage IAA ARAM	(Month) (Day) (Year)	Phone	
6.	, while	City: Madleson zip: 53704		157	Email	
CEURLE ALPON	(On 10)	Street 146 CENTER AVE	Town Village Madison	(/15/20 <u>1(</u>	Phone	
	0	city: MADISON Zip: 53704	City	(Month) (Day) (Year)	Email (
7. Dennis Lee cleven	No de Del	Street: 312 South Ingersoll St.	□ Town □ Village	11 /15/20 11		
Dennis Dec a constitution	DEATHS Fee Geven	city: Madison WI zip: 53 763	PCity Madson	(Month) (Day) (Year)	Phone (
8. N:Car = 1C + a		Street: 960 Clarence Ct.#3	□Town	11 /15/20 <u>U</u>	Email	
" NIGEL O'SHEA	5	City: MADISON STATEZID: WI	Village Macison	(Month) (Day) (Year)	Phone	
9. 1 10 0111		21341101.115	□ Town	0//11	Email	
Venniter Mehls			Village Madison	(\lambda \int \frac{\frac{1}{\frac{5}{20}}}{(Month) (Day) (Year)}	Phone	
10.		City: MADISM Zip: DUIT		1.1.1.	Email (
Train's South	Ihm him	Succi	Town Village Madison	11/B/20 <u>(1)</u>	Phone	
11-0.5		City: Mudson W1 Zip: 537/4	H City	(Month) (Day) (Year)	(
T 11 (5)	Certification (of Circulator ify): I reside at 1442 Morrison 8 +	49 VI 15-11			
Isaae Hacerbla		ify): I reside at 1777 WOII 1800 01	#2 Madison		Circula	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his of her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

(Name of Circulator)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Paciful bowmon failed bowmon some 1814 Lynnacte 12, 100 mad 1800 m		G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL		ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
Packer barried Facel Barron Some 1814 Uninately 18701 1 100 Mandridge 18701 2 100 Madrison 11/15/2011 100 Madrison 100 Mandridge 1800 Madrison 11/15/2011 100 Madrison 11/15/2	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	
2. JOHNICH S. Durke James Jame	1. Rachel Bownon	Rale Barnor			(Month) (Day) (Year)	Email Phone
Jeffeld British Hard Hard South 1 1/5/2011 4. George Friend Sevent 1328 Dillas AUE Sevent 1328 Dilla	2. John S. Junker	Hemit Just	Street: 4901 Winner 53703	□ Vallage AA . 1 ≥	11/12011 (Month) (Day) (Year)	Email Phone
GEORGE FARM GEORG	SEHMUL BRITER HERNE	My John D		Town Village Madison	(Month) (Day) (Year)	Email Phone
Servet Jacobs Smooth Jacobs Danielle y Loe Danielle	GEOPLE FAPAN	Len Janh		□ Village AA \CA		Email Phone
Street: 43/14 Mohawk Dr #2 Town Village Madison 11 /15/2011 Phone City: MADISON Zip: 53701 Town Village Madison 11 /15/2011 Phone City: Madison Zip: 53701 Town Village Madison 11 /15/2011 Phone City: Madison Zip: 53701 Town Village Madison 11 /15/2011 Phone City: Madison Zip: 53701 Town Village Madison 11 /15/2011 Phone City: Madison Zip: 53703 City Madison 11 /15/2011 Phone City: Madison Zip: 53703 City Madison 11 /15/2011 Phone City: Madison Zip: 53703 City Madison Town Village Madison 11 /15/2011 Phone City: Madison Zip: 53703 City Madison Town Village Madison Phone City: Madison Zip: 53703 City Madison Town Village Madison Phone City: Madison Zip: 53703 City Madison Phone City: Madison Phone City: Madison Zip: 53703 City Madison Phone City: Madison Phone City: Madison Zip: 53703 City Madison Phone City: Madis	Tim Durcee	In Sifer	1 (4 (200.00)	Dillage Macison		Phone
Javet Jacobs Ametriach Street: 4314 Mohank Dr #2 Town Willage Madison Month (Day) (Year)	LIBA BLENT	Sit The		Town Village Madison	(Month) (Day) (Year)	Phone
Phone Partielle Jamielle Lee Jamielle Lee Street: 2639 E. Dayton St. Town Village City Madison 11 /15/20 11 Phone Phone Phone City Madison Village City Madison City Madison City Madison City Madison Village City Madison City City City City Madison City		Somet Joseph		U Village Madik NA	ı , , —ı	Email Phone
Street: 1927 E. Vayton St. H2 Town Village Madison Month) (Day) (Year) Phone 10. Ryan Jenkins Ryan Jenkins Street: 116 E. Goldman St. Apt 40 Town Village Madison Month) (Day) (Year) Phone City: Madison Zip: 53703 City Madison Month) (Day) (Year) Phone City: Madison City: Ma	vanielle y	Janielle y Loe				Phone
Ryan Jenkins Ryan Jenkins Ryan Jenkins Ryan Jenkins City: Mad5567 City: Mad5		Pail Ml		□ Village M	, , , _ ,	Phone
	10. Ryan Jenkins	Ryan Jankins	Street: 116 E. Gilanan St. Apt 40			Email Phone
	Teac Hacarala			42 Madis - a		

Teac	c Hacer	ala	Certi	fication of Circulato	r 1442 Morris	81 - 169	ا ـ ده	ison	
I,	L Hace	<u> </u>		, (certify): I reside at _	1446 111011 15	Sove St. Ar	Ivaco	1801	
	(Nar	ne of Circulator) .		(Circulator's Residence	- Street name and Number)		(Circulator Municipality)	
I personally circulated to	his recall petition and p	ersonally obtained	each of the signatures on this paper	r. I know that the signers are elect	ors of the jurisdiction or distric	t represented by the officeholder na	med in this pet	ition. I know that each person s	igned
the paper with full know	vledge of its content on	the date indicated	opposite his ar her name. I know th	eir respective residences given. I	support this recall petition. I an	aware that falsifying this certifica	tion is punishal	ole under S.12.13(3)(a), Wis. St	ats.
<u> </u>	16	/20 ll	Chrace 7	tacl			[Page No. (Official Use Only)	
(Month)	(Day)	(Year)		(Signature of C	Circulator)		. !	# <u>1957</u>	
					Rec	near the court of	1		!

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

ticle XIII, Section 12 of the Wisconsin Cor THE MUNICIPALITY USED FOR MAILING			E MUNICIPALITY OF RESIDENCE MUST ALWAY	YS BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JESSICA E CLAYTON	Mat	Street: 157 Otho AVENUE	□ Town □ Village	11 /15/20_11
	00 11	City: MADISON WI Zip: 5370	4 PCity 24 Melison	(Month) (Day) (Year)
2. SARA WND	dais Aural	street: 6531 Westin Drive	☐ Town ☐ Village City	11 /15/20 <u>M</u> (Month) (Day) (Year)
3.	4	city: Machison zip: 537	19 house.	1 , ,
DANIELV.TORTORIC	e (Namiel V. Tatorice	city: MAdison zip: 5370	y St City MAO(50W)	(Month) (Day) (Year)
4. Rvan Dettikes	(ATTO	Street: 4202 Bonner Lane	Town Village Picity Madison	// /5/20_11 (Month) (Day) (Year)
5. Chis Weber	Chister M. Web-	City: Madison ZIP: 537	2 Town Wadeson	11/15/2011
6. Tom Lave	The	city: Madison zip: B31 Street: 1853 E MIN St City: Madison zip: 537	Town	(Month) (Day) (Year)
7. PATRICK DOWNEY	2	Street: 3646 TVIANE A City: MDSN zip: 5376	Town Village	(Month) (Day) (Year)
8. JOH ESTIKOW	Contraction 1	Street: 1419 Morrison City: MADISON Zip: 5378	☐ Town ☐ Willage	[[/15/20 <u> </u> (Month) (Day) (Year)
Vennifer Heimdahl	Separator Himlall	street: 1419 MDYVISON St. City: Madison, 21p. 5376	Town Mod 1907 O 3 City	// /5/20_// (Month) (Day) (Year)
Mana-Schirmer	Misa glishon	Street: 607 Clemons Are City: Madison W 21p: 5370	Pvillage MA (1') OA	// // /20// (Month) (Day) (Year)
Craig Spaulding	, , , , , , , , , , , , , , , , , , ,	of Circulator fy): I reside at 357 Gyvy St.	Madiso	n
onally circulated this recall petition and personally obtain per with full knowledge of its content on the date indicates.	ined each of the signatures on this paper. I know that the ated opposite his or her name. I know their respective from	(Circulator's Residence - Street name of the signers are effectors of the jurisdiction or district represented residences given. I support this recall petition. I am aware that	me and Number) (Circulator by the officeholder named in this petition. I know falsifying this certification is punishable under S.12	Municipality) that each person signed 2.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

	onstitution and S.9.10 of the Wisconsin Star G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL		NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Paul Houseman	Theren	Street: 1853 E Main 54. City: Madison Zip: 53704	Town Village Madison	11/15/20 <u>1/</u> (Month) (Day) (Year)
izabeth Swain	Ghyalet Suai	street: 42 Washesa St. City: Madison zip:53704	Town Village Machison	11 /15/20
AMY NEWELL	anjun	Street: 257 COVVY St City: Mad186M zip: 53754	Town Village MADISTN	(1 / 15/20 1 (Month) (Day) (Year)
Robert Whitlock	Rross.	street: 137 E W/ Son S+ City: Madison W/ zip: 53703	Town Village Madison	11 /15/20 1/ (Month) (Day) (Year)
Cynthia L. Howard	Cinfla fformal	Street: 6621 60th Ave. City: Kenosha zip: 53142	Town Village Kenosha	// 15 20 // (Month) (Day) (Year)
Gene A. Camplin	Gene a. Comple	Street: GOG Christianson Ave Giv: Milwaukee zip: 53714	Town Blooming City Grove	(Month) (Day) (Year)
WILLIAM J. KOCH	Willieg Koch	Street: 201 N. BLAIR ST City: MADISON, WI. zip: 53703	Town Utilage Sycity MADISON	1 / /5/201/ (Month) (Day) (Year)
Jodie Wood	Jodne Wood	Street: 110 Lakeview Ave City: Edgerton Wi zip.53534	*Town Oilinge Abion	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Tricia Jevne	Pricia m. gera	Street: 4593 Turquoise Un City: Madi 500 zip: 63714	Town Village Madi 800	
Stephanie Williams	Staller	street: 3212 Center Ave city: Madison zip: 53704	Town Ustrage Madison	
(Name of Circul y circulated this recall petition and personally obt with full knowledge of its content on the date indic	lator)	of Circulator ify): I reside at (Circulator's Residence – Street name and the signer are electors of the jurisdiction or district represented by the residence segment support this recall petition. I am aware that falsify	ad Number) (Circulator to e officeholder named in this petition. I know thing this certification is punishable under S.12	Municipality) that each person signed 13(3)(a), Wis. Stats.
Month) //	_ May YMM	(Signature of Lincyllator)	r	Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	nstitution and S.9.10 of the Wisconsin Star purposes, when different Than municipal	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Kevin Spaulding	Idevin Spaulding	Street: 1332 E. Dayton St. #2 City: Madison Zip: 53703	Town Village Madison	(Month) (Day) (Year)
voly mccollum	mum	street: 1212 Jenifer #3 city: Madison zip: 53703	Town Village Madison	(Month) (Day) (Year)
Doson Hill _	Jogn XIII	Street: 1213 BAY RIGE RJ City: MADISON Zip: 53716	Town Utillage ACity MADISON	11/15/20_11 (Month) (Day) (Year)
John Tredinnice	At A	Street: 12 North henry City: Madison WI zip: 52703	Town Utillage Scity Madism	(Month) (Day) (Year)
Jason Danick	Indak	Street: 405 memphis Ace City: Madison WIZip: 53714	Town Utillage City Made SM	// /15/20(Month) (Day) (Year)
DONALPRY.	Donald Ma	Street: 2915 St Paul Ave Note: Madison zip: 53704	Town Village Madism	// /57201/ (Month) (Day) (Year)
# Bird Ross	Minch	city: Madism WI zip: 53704	Town Village City	(Month) (Day) (Year)
TIMOTHY FREEMAN	7/1/2	city: Malison, WI zip: 53704	Town Utillage Radison	(Month) (Day) (Year)
Michelle McKiernan	Millier	street: 1148 Emerald 4. City: Madison. W1 Zip: 53715	Town Village RCity Madisum	(Month) (Day) (Year)
Hnna Sunders	Um Sn	Street: 1110 E- Dayton St. Apt. 1 City: Madison, W1 zip: 53703	Town Village Madism	(Month) (Day) (Year)
Occión Con	Certification	of Circulator	1	
Name of Circul ally circulated this recall petition and personally obta er with full knowledge of its content on the date indic	ator)	tify): I reside at 257 COVYY STVL (Circulator's Residence Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	Mumber) d Number) c officeholder named in this petition. I know to the confice the confice of the confice the co	Municipality) hat each person signed .13(3)(a), Wis. Stats.
1/ 1/ 1/6 1/20 11	" Walget	KAUVOC.	Page No.	

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Benjamin K Schilling	Brugamin & Lehelling	street: 3941 Maple Grove DR City: Madison WI zip: 53719	Town Village City Madison	[\ \ / \ \(\begin{align*} \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email Phone
Valerie Elmer	Valence D Elman	Street: 6934 Chelsea St. City: Madison WI zip: 53719	Town Village West Madison	11 /L /2011 (Month) (Day) (Year)	Email
JACK AMBUEL	Jack ambuel	Street: 6 ASHLEY CIRCLE City: MADISON Zip: 53719	□ Town □ Village ☑ City MAD\SON	// //6 /20// (Month) (Day) (Year)	Filone
Daniel Blankenhagen		street: 4226 ESCh Lune City: Madison zip: 53704	Town Village Madison	// // 6/2011 (Month) (Day) (Year)	Email
Samuel Tai	Samuel	street: 2511 Atwood Ave	Town Village Madison	(Month) (Day) (Year)	Email Phone
Justin Kibbel	Assin	street: 2006 Fish Hatchery Rd #6 City: Madison zip: 53713	Set Town Village City Madison	(Month) (Day) (Year)	Email
7. PEWERT J Foster	Round J Fastor	street: 301 A. Notth Blown St City: Madison Zip: \$3703	Town Village Pacity Madison	///s/20(Month) (Day) (Year)	Email
8. Margaret F. Mooring	Margaret E. Mooring	Street: 301A N. Blount St. City: Madison Zip: 53703	Town Village ACity Madison	11 /16/20 (Month) (Day) (Year)	Email Ma Phone
Judy Barbian	Judybarbian	street: 2430 Simpson Cf, City Mc Fayland zip: 53558	□ Village □ City	1 / 16/20 1 (Month) (Day) (Year)	Email
CHAD HOPPER	Why	street: 1409 W. Milwalle St. City: Stoughton Zip: 53589	Town Village Stoughton	11/16/2011 (Month) (Day) (Year)	Email
Mrs. 1 0.	Certification of		e, AP+2 o		A
Michael Vion	, (certi	ify): I reside at	ot 'I'l)eta	252L	Cir

Certification of Circulator

I, Michael Jion Ke (certify): I reside at 520 Defeases † St 44

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given Laupporthis recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

(Month)

(Month)

(Signature of Circulator)

(Signature of Circulator)

Circulat Pho

Er

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committe

PO Box 2 Madison

THE MUNICIPALITY U	SED FOR MA1LING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			1	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		cor
1. Print: John Neupert sign: John Neupert	Streets 821 Northland Dr.	□ Town □ Village ☑ City (Municipality Name)	// /16/20/1 (Month) (Day) (Year)		Email
2. Tom Arnhold Sign: Com Open	street, 350 S. Hami Hon St. #204 cty. Madison zip. 53704	Town Village City (Municipality Name)	11/16/201 (Month) (Day) (Year)		Email Phone
3. Print: Kyla Steinmeyer Sign: My Steinmeyer	Street: 545 D'Onofno Dr #3	Town Village Village (Municipality Name)	(Month) (Day) (Year)		Email Phone
4. Teresa Nicholas Sign: Mosmy Nicholas	street: 1109 lowell St.	Town Village PCity (Municipality Name)	(Month) (Day) (Year)		Email Phone
5. Print: Daniel Langlois Sign: (city: Madison 21ps 53715 1552 State Rd 92 Street: Street: Street: 21ps 53715	Octy (Municipality Name)	1 (//G/20 <u>()</u> (Month) (Dey) (Year)		Email Phone
li. a. a.	Certification of Circulator	100 A:-			A735
I Nebecca Eberhardt .	certify): I reside at 959 Clarence C+	Madison	1	ri.	milatora

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) (Day)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator Municipality)

Phone

Please include you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	FURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Joliene Lindholm	alin hing Mrs	Street: 116 Proudfit st #2 City: Madison zip: 53715	□ Town □ Village TYCity Madison	11/15/20_11 (Month) (Day) (Year)
Andrew J. Young	ashw J Com	Street: 116 Proudfit St #2 City: Madison zip: 5376	Town Village Madison	
Eugenia R. Ogden	Esceria L Cola	Street: 1615 Madison St City: Madison zip: 53711	Town Village Madison	11 /15/20 11 (Month) (Day) (Year)
Mitchell S. Nussbaum	hintel & lul	Street: 1615 Madism St. City: Madism Zip: 5374	Town Sillage Madism	11 /15/2011 (Month) (Day) (Year)
JAN MOORE	Jon More	Street: Z912 HENSEN Dr. City: SUN PRAIRIE Zip: 53590	XTown of Bristol City	/(5/20 <u>//</u> (Month) (Day) (Year)
Tark Sannito	MMAD	Street: 427 V. Main St 53703 City: Malison Zip:	Town Mallyn Ocity	1 /15/201 (Month) (Day) (Year)
Margaret Petri	Mysell	Street: 301 N. Pinchay States City: Madison W1 Zip: 53703	Town Village City Madison	[[/15/20] (Month) (Day) (Year)
ennifer Johnson	onifer Johnson	Street: 10 South Bassett Street City: Maalson zip: 53703	Town Village MADISON	(Month) (Day) (Year)
MARY BETH GEORGE	May Beth Lenge	Street: 618 Division St City: MADLSON Zip: 53704	Town Village M ADISON	(\\/15\/20\ldot\) (Month) (Day) (Year)
James Lloyd	Omn D GM	Street: 3936 Maple Grove Dr #3 City: Madison Zip: 53719	Town Village Mad 1500	11 /15/20 11 (Month) (Day) (Year)
Grea Packart	Certification	of Circulator tify): I reside at 25 E. Gorham St = 3	Ct. AM	

Page No. (Official Use Only) (Signature of Circulator) (Month) (Day) (Year)

Em

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

icle XIII, Section 12 of the Wisconsin Cor	nstitution and S.9.10 of the Wisconsin State	utes.		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Eric Koch	LK	street: 703 E Gorhan St, #6 City: Madison zip: 53703	Town Village Acity Ladison	
Chelsea Domer	ODome	Street: 619 W Mifflin St #306 City: Madison Zip: 53703		(Month) (Day) (Year)
3. Gareth Westler	Gard Hospo	Street: 9 Rosewood Circle City: Madison zip: 53711	Town Village Madison	11/15/2011 (Month) (Day) (Year)
Kyle Gasser	Kugh Gassen	Street: 506 W Wishington # Z City: MidiTon zip: 53703	Town Village Mrd Ton	(Month) (Day) (Year)
SARAH MARAHAUSEN	Il how	Street: 1444 1/2 Jenifer St City: Madison zip: \$3708	Town Village Madison	/[\/20_[\]
6. Laura Zimmerman	Jewa Zm	street: 45 N Butler St Apt 2 City: Modison zip: WI	Town Village Modison	\\ \/ \ \\ \/ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
JEFFREY SPEAR	Suffer Som	Street: 816 E Coopher Apr 5 City: Madison, WI zip: 53703	Town Market Market Son	11 /15 /20 11 (Month) (Day) (Year)
Benjamin Fitch	Bayout All	street: 2350 Chalet Gardens Rd #27 City: Madison, W1 zip: 53711	Uvillage Fitchburg	(///5/20/11 (Month) (Day) (Year)
"Laura Buca	Jaffelli	Street: 5333 Brody Dr. #102 City: Madison zip: []	Town Village MW (SON	(Month) (Day) (Year)
WALKER HURD	Walnuth	Street: 309 N Franklin #1 City: Madrson W1 zip: 53705	Town Uvillage ACity (Vadison	
Ga D 1= 11	Certification (. Ol Da	A [_
Grea Factorett	, (certi	fy): I reside at 25 E Gor ham Strat name on	City of 1	lad son

7		, (coldiy), i losido at	-0-10110111	
	(Name of Circulate	r)	(Circulator's Residence - Street name and Number)	(Circulator Municipality)
personally circulated to	his recall petition and personally obtaine	d each of the signatures on this paper. I know that the signers are elec	tors of the jurisdiction or district represented by the officeholder na	amed in this petition. I know that each person signed
he paper with full know	vledge of its content on the date indicate	l opposite his or her name. I know their respective residences given. I	support this recall petition. I am aware that falsifying this certification	tion is punishable under S.12.13(3)(a), Wis. Stats.
11 /	(6 /20 11	China to the control		Page No. (Official Use Only)
(Month)	(Day) (Year)	(Signature of	Circulator)	# 196H

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jennier Moore	Jennik Moor	Street: 3501 Sargest St City: Madison W/ Zip: 53714	Town Utillage Madison	
2. Amelia Cargo	ame Cz	Street: 729 E. Gorham St. #1 City: Madison, W1 Zip: 53703	□ Town □ Village Madison S City	(Month) (Day) (Year)
3. Levrit Weich	Ser	Street: 439 EUST CAMPUS Mo City: M9d:50n, WI zip: 53703	Town Dy City Madison	(Month) (Day) (Year)
5 havn Golding	Show then	street: 26 N Franklist Apt 1 city: Madison, WI zip: 53703	Town Usuage Madison	11 /16/2011 (Month) (Day) (Year)
Jilian Landeck	Mu Linded	street: 211 N. Pathson St. Apt 2 city: Madison, W. zip: 53703	□ Town □ Yillage ☑ City □ MAN □ MION	
Janet Weinstein	Janut Wanster	Street: 1501 JUDNY Dr City: Sun Prairie WIZip: 3590	Town Village Village Village Village)) /)6 /20 <u>))</u> (Month) (Day) (Year)
Mican Kulp	Mean Chil	city: Madison WI zip: 53703	Town Usuage City Madison	/16/20 <u>11</u> (Month) (Day) (Year)
8. Amanda McQueen	and I do	Street: 1033 E. Johnson St #1 City: Madison Wi zip: 53703	D Town Village SCity Mad SON	11 /16/20/1 (Month) (Day) (Year)
" Yevgeniya Turor	Eugen I	street: 1782 Forden #305 City: Mad ison zip: 53704	Town Madison	(Month) (Day) (Year)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Tammi K	Certification (cert	of Circulator 150: Leside at 952 Spaight	St. Madis	(D) A

Jerge	mida lma	Wind &	City: Ma	d ism	zip: 53704	City	Madison	(Month) (Day) (Year)
10.		, v	Street:			☐ Town ☐ Village ☐ City		/ /20 (Month) (Day) (Year)
I,	Tammi /<	lator)	Certification of Circulat	952	S Paight Residence – Street name of	S · · · · · · · · · · · · · · · · · · ·	Madis (Circulator N	
			on this paper. I know that the signers are eleme. I know their respective residences given. (Signature of	I support this recall p			ation is punishable under S.12.	
					9		\	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALT		ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Justin Kepl	HO	Street: 952 Spaght St. City: Mad Box Zip: 53703	Town Village Madison	11/15/20 <u>/1</u> (Month) (Day) (Year)	Em
2. Sara Swanzendube	Sau Cel	street: 954 Spaignt 87 City: Madison W1 zip: (3783)	Town Village Madison	(Month) (Day) (Year)	Ema
3. In athor Stover	Jon Stor	Street: 2721 Center Ave #1 City: Madigan zip: S3704	Town Village Madi 40N	(Month) (Day) (Year)	Pho
Julia Millar	Guliamilea	city: Madison zip:53704	Town Village Madison	/15/20_11 (Month) (Day) (Year)	Pho
5. Katie Chapman	Kodie Chapman	street: 1339 Rutledge St. #1 City: Madison zip:53703	Town Village Mad 1500	//6/20 <u> </u> (Month) (Day) (Year)	Pho
6. Susan J. Danforth	Lucia Gilaforto	Street: 1346 Morrison St.#l City: Madispn W/ Zip: 53703	D'Town Village Weclosen	(Month) (Day) (Year)	Pho
PATRICIAM Skinholin	John Staffen	sircle TD & Hlomou DR Cit/MAd14NW 21p:53718	Town Village City Madesan		Pho
8. Steven Girard.	50	Street: 1324 Williamson St Apt 2 City: Madison zip: 53783	D Town Village ACity Madison) / 14/2011 (Month) (Day) (Year)	Pho
Anna Hurtley,	tu aff	Street: 1037 Jenifer#2 City: Madison WI zip: 53703	Down Village City Madison	$\frac{\sqrt{\sqrt{20}M}}{\sqrt{\sqrt{20}M}}$	Pho
Nicholas Ofstun	nill glas	Street: 1209 Ellen Ave City: Madison zip: 53716	Town Village City Mad.son	(/ (/ 20 1) (Month) (Day) (Year)	Pho
Tammi K	Certification of Certif	OFT SOUTHING	Madia		A
1 0,04011	, (certi	fy): I reside at 752 9MSN7 31	<u> </u>	יזעכ	,

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Statu	utes.		•
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tammi Kral	2.121	street: 952 Spaight St. City: Madison zip: 53703	Town Village MadiSon	(Month) (Day) (Year)
2 Brad Haiar	Gad Haias	Street: 922 E Dayton St Apt E City: Madison zip: 53703	Town Willage Mad Son	
3. Liso Lizox	LisaZmyk	Street: 3901 Tulane Ave City: Madison, MI zip:53714	Town Usillage City Work 50	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
THAT DEEGAN		Street: 1329 LOFTSGOPBON AUE City: MADISON WI Zip: 53704	Town Willage ADIS ON	11 /5/201((Month) (Day) (Year)
Robert King	Therefore King	Street: 2814 Badger (n City: Madison zip: 53713	Town Uvillage City Madi Son	1 (/15/20_11 (Month) (Day) (Year)
Nogh Hopwood	MIM	Street: 315 N 1310Unts#1 City: Madison zip: 53703	Town Village Madi Son	Month) (Day) (Year)
Frin Summer	ti Qu	city: Madison zip: 53704	Town Village Madison	(Month) (Day) (Year)
8. Margaret 5: Petty	Mango	Street: 422 S Baldwin St City: Madison WI zip: 53703	Town Madison	1 / 15/20 11 (Month) (Day) (Year)
Andrew Levins		street: 1433 E Sohnson ST City: Medison zip: 53703	Town Willage Mad (5CM)	(Month) (Day) (Year)
TONY PETTY	Lando	Street: 422 S BACOWEN ST City: MADESON WI Zip: 53703	Town Village Madison	
	Certification o	of Circulator	11 1	
(Name of Circu	lator), (certif	fy): I reside at 952 Spaight St. (Circulator's Residence – Street name and	Macli Sc d Number) (Circulator N	
anne by Circuit		Consumor of residence of the land of the l	-ec. 1.11. 1: 11' i'i' II	1

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. KATLYN ARNETT	half All	Street: 938 SPAIGHT ST. #201 City: MADISON, WI zip: 93703	Town Village Madism	
BOWE BERGE	Hun WA By	Street: 1418 JENIFER ST. City: MADISON WI Zip: 53 703	Town Village City Madican	V / 15/20 <u>11</u> (Month) (Day) (Year)
Jessie Gwynne	Lisser Grynn	Street: 1029 Spaight St 133 City: Madison W 21p: 53703	Town Village PCity Madism	// /5/2011 (Month) (Day) (Year)
4. DAVID PATNODE	Saved Soprocle	Street: 1053 RUTLEDGE ST ATT City: MADISN WI zip: 53703	Town Village WCity Madison	N / 15/20_N (Month) (Day) (Year)
5. Susan Levin	Inf	Street: 1053 RAPLEDGE ST.#1 City: Madison W.I zip: 53703	□ Town □ Village City Madusco	(Month) (Day) (Year)
6. Eileen A. McGlynn	Zalien A. McChym	street: 616 J. Ingersoll City: Midison Wt zip: 53703	Town Village Scity Madison	//5/20 <u>11</u> (Month) (Day) (Year)
Laure M. Heisler	la fleri	Street: 608 S. Ingersoll St. City: Madison Wi zip: 53703	Town Village City Wadism	(Month) (Day) (Year)
8. Steven GOWSTEIN	Sold del	Street: 608 S INGERSOLL City: MADISON WI zip: 53703	Town Village RCity Mades	11/15/2011 (Month) (Day) (Year)
John J. Mueller	Or Maelle	Street: 1049 Kutledge St City: Madison W. Zip: \$3703	Town Uillage Madison	11 /15/20// (Month) (Day) (Year)
Martin Nessman	the	Street: 2804 Michelson Pury # 103 City: Madison, us zip: 53711	Town Village City Fitchbury	11 /16/2011 (Month) (Day) (Year)
Barbara Plaisted	Certification of	of Circulator	Madism	
Durbara · 10021 & a	, (certi	fy): I reside at 1049 Kuttedie St.	Proceedings	

(Name of Circulator) (Circulator's Residence Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MA1LING	INSTITUTION AND S.9.10 OF THE WISCONSIN STATES OF THE PROPERTY		HE NAME OF THE MUNICIPAL	TY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUR Rural address must also include b	ı	VOTING JNICIPALITY OF RESIDENCE ndicate Town, City, or Village)	DATE OF SIGNING
1. Mike Muellet	Mele Mulle	Street: 1049 Rufled	4e 9t To Vil	lage	/(/15/20_(((Month) (Day) (Year)
Tom Christensen	PCO	Street: 1243 Jan.		wn lage	// /5/20_/
Ann Ehrenreich	an Shun	Street: 1040 RUTLE		vn lage	(Month) (Day) (Year)
Sandra N. Solheim	Sense Shan	Street: 1039 Ru+1	edge St. To Vil	age	///5/20// (Month) (Day) (Year)
Barbara Plaistad	Barbara Plansted	street: 1049 Rutlea	Zip: 53703	age	1) /15/20 <u>11</u> (Month) (Day) (Year)
Peggy M Seatt	leyshittot	Street: 620 S. Iye. City: Mad.	Zip: 53703	age	1 (/ 15/20 <u>(1</u> (Month) (Day) (Year)
Arlys L. Kempe	arly L. Kempy	Street: 10 Bayley 1 City: F, + Chburg	<u>vay</u> □ To: □ Vil Zip: 537//	age	///5/20// (Month) (Day) (Year)
Leland W. Kempf	foliand to Kempf	Street: 10 Bailey Way	To Vil	age	Month) (Day) (Year)
Jessica Spiegel	A)	street: 1130 Jenifer City: Madison	St Too Vil	age	
"Megan Benga	May	Street: 1418 Jaifor St.	Zip: 53 73 3	age	
Barbara Plaister	lator)	fy): I reside at 1049 Kutle (Circulator's Resider	olge St Mer nce Greet name and Numb		
onally circulated this recall petition and personally obter with full knowledge of its content on the date indicate in the date indicate in the date i	ained each of the signatures on this paper. I know that to cated opposite his or her name. I know their respective to the property of the prop	the signers are electors of the jurisdiction or di residences given. I support this recall petition.	strict represented by the officeho I am aware that falsifying this c	older named in this petition. I know the ertification is punishable under S.12. Page Non(0)	13(3)(a), Wis. Stats.

(Signature of Circulator)

(Day)

(Year)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 25

Phone

Email

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Chal Green	11605 Words riew Costin	Town	ال اصل	Email
Sign: Mad M	street: 11605 Woods view Crossing City: Edger ton zup 53534	City Edgertow (Municipality Name)		Phone (60 8
2.	City: Cog (() Zip > 3 /)			Email
Print: Melissa Nickels	Street: 5907 Spertan D, #5	☐ Town ☐ Village ☐ City	11 /15/20//	
Sign: Mulfire	City: McFerland W1 Zip: 53558	McFarfanel (Municipality Name)	(Month) (Day) (Year)	Phone (
3. Brenda-geggy	streets 0 21 Timber (n	□ Town Village □ City	11 / 11	Email
Sign: Jalus Jerry	civ. McFarland Wizip: 53558	(Municipality Name)		Phone (
4.		☐ Town ☐ Village ☐ City		Email
Sign:	Street:	(Municipality Name)	/ 20(Month) (Day) (Year)	Phone
_	City: Zip:			(
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
	Certification of Circulator			A231
I, GLENDA JoHNSON (Printed Name of Circulator)	(certify): I reside at 640 STONEBREAR LA (Circulator's Residence - Street Name and Nu		ipality)	Circulators, Please include your

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

(Signature of Circulator)

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

icle XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Star	tutes.		
THE MUNICIPALITY USED FOR MAILING	FPURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box og fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Keher prointy of	Kabut Vamah	Street: 402, Diving HAWKTYL City: MH41501 Zip: 1/1531/3	Town Village MANI Sak	// //5/20 <u>//</u> (Month) (Day) (Year)
John Volkman	JOK	Street: 632 Elizabeth Lane City: Sun Prairie zip: 53590	Town Sun Prainie	// //5/20_// (Month) (Day) (Year)
3. Jeffery Hemp	Man Dog	Street: W8/25 CTH'8 214 City: Poynche zip: 58955	MTown Uvillage City UCCREA	// /5/20_// (Month) (Day) (Year)
4. Kyle LaBarge	You la Box	Street. ZO CON Lame City: Cottinge Grove zip: 3557	Town Village City Co Howse Cook	// / S / 2011 (Month) (Day) (Year)
5. TROY COFFEY	In Olly	Street: 406/ DURAK PO City: DEERFIELD Zip: 53531	Trown City DEGFTELD	
Jereny DeBoer	Jung Ellen	street: 59 Towar Dr City: Sun Prairie zip: 53590	Town Village Scity Sun Prairie	///15/20_[[(Month) (Day) (Year)
Betty Diamond	Betty Diamond	street: 1335 N. Wingra Drive City: Madison zip: 53715	Town Village City MAUSON	// // S/20// (Month) (Day) (Year)
8. Nicholas Wagner	Wolds De	street: 504 Grandwood C+#2 City: Madison zip: 53719	Town Village Madison	11 /15/20// (Month) (Day) (Year)
9. Robert Kanter	25/4	Street: 714 S. Orchard St. City: Madison WI Zip: 53715	Town Uvillage City Mcdison	11 //5/20// (Month) (Day) (Year)
Rusty Hardy	Rust Handy	street: W1027 King Rd, city: Brooklyn zip: 53521	Town Usulage City Brooklyn	1 /15/20/1 (Month) (Day) (Year)
\mathcal{D}^{\prime}	Certification		10	ON 537
Tymorp M TRER	V	rify): I reside at 4817 KEGENTS	11/ADISC	
(Name of Circul	cined and of the circumstates	(Circulator's Residence – Street name and	l Number) (Circulator M	tunicipality)

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the signer is not not not not necessary to the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the signer is not not necessary to the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the signer is not not necessary to the paper with full knowledge of its content of the paper with full knowledge of its content of the paper with full knowledge of its conten

(Month)

(Day)

(Year)

Political Court 9

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

icle XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin State	utes.		· · · · · · · · · · · · · · · · · · ·
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
•		Street: 400 TOPEKA Tr	☐ Town Yillage	16/15/20_
LOBERT M SEHMIO	about and	CHY. EVAUNAKEE Zip: 53597	"CHUNNAKEC	(Month) (Day) (Year)
DONOJAN BROOKE	(anovar / sol	Street: 172 E, RIGHARDS RA. City: OREGON Zip. 53515	Drillage OREGON	1/15/20 <u>11</u> (Month) (Day) (Year)
-asardra Smith	dasardra d. Smith	street: 2018 Dann Pl city: Machison Zip: 53713	Town Sillage City Madison	1 1/15/20 <u>11</u> (Month) (Day) (Year)
TAMES BrACK	James Brack	Street b 718 park Ridge Dr. City: Madison, w zip: 53719	Town Village City Madisas	/ //5/20 <u>//</u> (Month) (Day) (Year)
Janice Lehmann	Janie Lehmann	Street: 7982 W Oakbrook Cir City: Madison Wizip: 53717	Town Utillage City Madison	// //5 20 <u>//</u> (Month) (Day) (Year)
DAMOND EBERHART	Antherlas	Street: 48/7 Reget St. City: Madein Zip: 53700	Town Village City MAD (SON)	// 1/5/20_// (Month) (Day) (Year)
Larry D Bass	Garry & Bass	Street: 110 Dale Dr. City: Locli zip: 53555	Town Village	
Andrew L Craven	Anhw L Crow	Street: 275 Jeanette Rd City: Belleville WI zip: 53508	De Town Utillage City Primrose	(Month) (Day) (Year)
PHIZWILLIAMS	Stillipe, William	Street: 3143 LIEW RD City: MADISON WIZIP 53711	Martown □ Village □ City □ DUNN	///5 ⁷ /20 <u>//</u> (Month) (Day) (Year)
Rence Williams	Renoe Williams	street: 3143 View Rd City: MAd, WI zip: 53711	DTown Uillage DUNN	/ 5/20_1/ (Month) (Day) (Year)
RAMONA M. EB	Certification of Certif	of Circulator ify): I reside at 4817 REGENT	T MADISO	5370s
(Name of Circu		(Circulator's Residence – Street name an	d Number) (Circulator	Municipality)

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his of her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Year)

(Signature of Circulator)

Britain Britain 9

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING	Institution and S.9.10 of the Wisconsin States of the	tutes. ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY:	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
: Makela	Gicafeela	Street: 1424 Madwon St City: Black East 21p. 53515	Town Black City Early	// //5/20/Ó (Month) (Day) (Year)
"Nelvo Williams	not Withe	Street: 4322 MOhAWK Dr City: MAdison WI Zip.537//	Town Wad Son	///5/20_// (Month) (Day) (Year)
Josh Richler	Pol Par	Street: 18 Greet Brian City: Canbridge zip: 57523	Town Village Deerfield	11/15/2011 (Month) (Day) (Year)
Thomas wilsed	Thurs hadis	Street: 1006 West Budger ID City: Madistron Zip: 53713	☑ Town ☐ Village ☐ City Mad HEW	11 /15/2011 (Month) (Day) (Year)
Roxane Olsen	Borgene Ola	street: 4114 Tomscof TRail city: Madeson zip: 53704	Town Village Defiy Madison	$\int_{\text{(Month) (Day)}} \int_{\text{(Year)}}^{15} /20 \frac{1}{1}$
George Bonf	1131.	street: 6443 Rvidgerd #201 city: Madi 504 zip: 5323	Town Village City Madison	(Month) (Day) (Year)
Mark Sullivan	Mal Sile	Street: 1925 Greenway Rd City: Sun Prairie Zip: 53590	□ Town S= ~ Paine □ Village □ City	(Month) (Day) (Year)
Cyathia M Rivor-Jonasa	Q	Street: 1103 Fares Ville JUMIAN City: Jane 9 Ville zip: 5346	Town Village Tulqville	(Month) (Day) (Year)
· Nancy Kellerhagen	Manufattaky	Street: 629 Anthony Came City: Madison zip: 53711	Town Village Madi Son	(//5/20_01 (Month) (Day) (Year)
Hershe B. Broge	Steener Blaids	Street: 1014 Seguoia Wall City Mad & Do 21,53713	Town Madison	// // \$\frac{1}{\(\text{Month}\)\(\(\text{(Day)}\)\(\text{(Year)}\)}
PAMONA	Certification (Certification)	of Circulator ify): I reside at 4517 REGEN	MADIS	ON 5370
(Name of Circulated this recall petition and personally obtained		(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the		Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	nstitution and S.9.10 of the Wisconsin Stati	TY OF DESIDENCE IS NOT STEEL OF THE NAME OF THE MIN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE I ISTED	
THE MUNICIPALITY USED FOR MAILING	TONFOSES, WHEN DIFFERENT THAN MUNICIPALI	11 OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VOTING	вышаты.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Richard Lantz	Rhy KZarry	Street: 8126 Blakton Rd 101 City: MAdis on Zip: 53719	□ Town □ Village □ City MAchsen	<i>l</i> //5 /20 <u>11</u>	Email / Phone
2. Cody Peterson	Adapt	Street: 821 Southbornd dr	Town Willage De Forest	//5/2011 (Month) (Day) (Year)	Email Phone
3. Jeremy Herfel	Jung Harth	Street: 804 5 Blue Mannels 5t	□ Town ∇'Village	11/15/20 <u>//</u> (Month) (Day) (Year)	Email Phone
4. Fred Pinson	Fred Pinson	Street: 772 Fairfax Ave	Town Dragon	// //5/20	Email Phone
5. Trene Libert	Jene Tybert	Street: Sio Clifden De City: Madison Zip: 53575	Town Village City Madison	/	Email Phone
6. Justina Vickerman	Qustin Mil	Street: 4/8 Farkey free City: MADISON W Zip: 53705	Town Village SCity MAI) 15 M	// // 5/20// (Month) (Day) (Year)	Email Phone
7. Andy Chistofferson	andath	street: UP fed Arrov Trais/ City: Estimony WI zip: 53/11	Town Village F. Achburg	(Month) (Day) (Year)	Email Phone
KATHY McGee	follymise	street: 413 Oak Crest Ave City: Madison zip:53705	Town Village Madism	// //5/20// (Month) (Day) (Year)	Email Phone
MANDY HELD	Marshell	Street: 6 FOURTH ST City: BELLEVILLE Zip: WI	□ Town □ Town □ City □ City	// /5/20_// (Month) (Day) (Year)	Email Phone
Danielle Moyer	Danielle Moyes	street: 3602 Mounds View Rd City: Borneveld zip: 53507	N Town Utillage Bugham	11 /15/2011 (Month) (Day) (Year)	Email Phone
	Certification	of Circulator		534	AS
SAMONA A ZI	CERHART , (certi	ify): I reside at $\frac{48/7}{(Circulator's Ravidanca - Street name an$	MADISON	1 /05	Cir
(Name of Circulated this recall petition and personally obt	iuioi) / \	Circulator's Residence — Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator I) officeholder named in this petition. I know t	Municipality) hat each person signed	

I personally circulated this recall petition and personally obtained each of the signatures on this placer, know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the proper in the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the proper in the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person signed the paper with full knowledge of its content of the person sig (Signature of Circulator) (Month) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.]	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. CHAILES MUZO rewa	eas	Street: 96 Shufish Ct 7 City: MARISON Zip; 53713	Ocity MACISON	11/15/20_L1 (Month) (Day) (Year)	Email Phone
DONALD A COLEMAN	Levret Algerran	Street: 801 EMERSON ST City: MADISON Zip: 53715	Town Uvillage MAN 1524	///5/20_// (Month) (Day) (Year)	Email Phone
3. Thomas P. Jones	Thum be for	Street: 17 Linkeshor Ct City: Madison Zip: 453715	Town Village Madison	////S/20_// (Month) (Day) (Year)	Email Phone
MAXG PARKER	Wax & Parker	SIN ADISON 2104 53704	Town Ujlage City MADESON	(Month) (Day) (Year)	Email Phone
Paul Brehm	tal Well	Street: 1740 Century Ave City: Middleton zip: 53562	Town Village Middleton		Email Phone
6. Todd MAtthews	Take 1	city: Sun Prairie W. zip: 57590	Town Usuage City Sun Pravie	11 /15/20_// (Month) (Day) (Year)	Phone (
Su sav M. Healy	Jusen M. deel	Street: 7304 Viste Ct.	Trown City City	(Month) (Day) (Year)	Email Phone
8. Fred DuBox	y, Ora	Street: 5651 county RL J City: Mt Horal zip: WS\$TD	ITown □ Village □ City Uermont	(Month) (Day) (Year)	Email Phone
o. Cristing Namaes	Crestino Maryeren	Street: 7007 Flower Ln. APt. D City: Madioon, WT Zip53713	Town Village Wity MadiSon	11 /15/20_11 (Month) (Day) (Year)	Phone (
College Robinson	allen K. Robinson	Street: 972 DANE ST City: MADISON Zip: 53713	Village City Madi 500	11 /15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
Certification of Circulator Demonstration of Circulator Certification of					ADB

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1101)

Circulate Pho

Eı

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, V

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. John R Wagner Sign: John Wagner	Street: 6109 Savudes Ct City: McFarland Zip: 3588	Town Willage City Mark land (Municipality Name)	// //5/20// (Month) (Day) (Year)	Email Phone
2. Print: Joshua Burkhamer sign Jahbathi	street: 1523 Sylvester st.	Town Usilage City (Municipality Name)	11/15/20 <u>11</u> (Month) (Day) (Year)	Phone (608)
Sign: Swenson	street: SW Tompkins Dr City: Madison 21p: 53716	Town Village City (Municipality Name)	11 /15/20 <u>11</u> (Month) (Day) (Year)	Phone (608)
sign: Altonso Marquez	street: 1326 9th st city: Beloit 21p: 53511	Town Village City Servesor the (Municipality Name)	U/5/20_(/(Month) (Day) (Year)	Phone (
5. patricio morganos	Janesville S3458	Town Village City Servel vi (Ce (Municipality Name)	U /5/20 <u>6/</u> (Month) (Day) (Year)	Phone
I, Janice Lehman, (Printed Name of Circulator)	Certification of Circulator (Circulator's Residence – Street Name and No	rock Circle city	of Madism	AJJ9
I personally circulated this recall petition and personally o	btained each of the signatures on this paper. I know that the signers are electrons with full knowledge of its content on the data indicated appears with full knowledge of its content on the data indicated appears to his or	ors of the jurisdiction or district represented by the		Phone Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11	1_15	/20 / /	Jehnen Lehmenn
(Month)	(Day)	(Year)	(Signature of Circulator)

Return by.

Committee

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				PO Box 256
THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Eyan Stiegert Sign: Company of M	street: 645 Ode 11 St City: Madison zip: 537/1	Town Village City (Municipality Name)	11 / 15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
2. Michael JNeth Sign: Mulu Mass		Town Town Willage City Blice Mounds (Municipality Name)	//3/20// (Month) (Day) (Year)	Phone (608
sign Shund SCare	Street: 54411/ALESEY C. T. 1773 CITY WAYN ATTER 220: 58597	Town Village DCity Springfield Control Control	///5/20 <u> </u> (Month) (Day) (Year)	Email GUS - 8. Phone
Sign Law E. Start	street: 3424 Marie RC	Drown Village City CMunicipality Name)	11 / 13/20 <u>//</u> (Month) (Day) (Year)	Email J. chi Phohe (GD8)
5. Sat Geryn	City: Oregon zip: 53575 17223 Forseth Rel Street: Stoughton With zip: 53589	Stanghen (Municipality Name)	// /2011 (Month) (Day) (Year)	Phone 608
I, Janice Lehmann, (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 7982 W, Oak by North (Circulator's Residence – Street Name and Nur	Circle City of /	Nudisin	A2293 Circulators, Please include your co
	htained each of the signatures on this paper. I know that the signers are elector			Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

ll petition. Lam av	are that falsifying th	his certification is puni	shable under S.12.13(3)(a), '	Wis. Stats.			
(Month)	(Day)	/ <u>20 //</u>	Jani	u Z Zehm	ame	Page No. (Official Use Only)	· - t
(Month)	(Day)	(I cai)	(Signature of C	Circulator)	- 1		[

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J Committee PO Box 256

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Vennifer Lovick sid: Pilluke Funck	Street: 4480 3LD St. City: Will VISC 7 241: 53598	Town City (Municipality Name)	1 /15/20 11 (Month) (Day) (Year)	Email Phyne
2. Print: Andrea Stebbins sign and La Stebbins	street: 121 W. Holum St city: DéForeSt zip: 53532	□.Town Village □ City Deforest (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Andrea Phone
sign: Hanselle R Gajdosik	street: 2641 Mineral Pt Av city: Janesulle zip: 53548	Town Village Scity Janesville (Municipality Name)	1 /15/2011 (Month) (Day) (Year)	Phone
4. Print: Laura Bevaer Sign: Laura Benger	street: 3318 Gregory St.	Town Village City (Municipality Name)	1 /15/20 <u>il</u> (Month) (Day) (Year)	Phone
5. Alan McCovmick sign: Clan McCovmick	Street: 4700 Torner Ave City: Madigan Zip: 5376	Town Village City Ad 190 N (Municipality Name)	(Month) (Day) (Year)	Weird Phone
Certification of Circulator				
I, Janue Lehmann, (Printed Name of Circulator)	(certify): I reside at <u>7982 W OUK b rowk</u> (Circulator's Residence – Street Name and Nu	Civili / Y Va (115)	Cipality)	Circulators, Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Please include your c Phone

Email

Return by J

Committee

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 250 Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING STREET & NUMBER OR RURAL ROUTE NAME & SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONT Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email JOHN P SARRIS ☐ Town □ Village Street: 3113 Emmet ST Phone **LADISON** zip: 53704 Email □ Town ☐ Village 11 / 15/2011 City City Phone Madisin (Municipality Name) City: Mad 10 C Email ☐ Town Nillage ☐ City_ 11/15/20[1 Phone Email □ Town □ Village **Zi**City 11/15/2011 Phone (Municipality Name) Email ☐ Town □ Village City Phone City: MADISON Certification of Circulator A 229 Circulators, Please include your co Phone

	I reside at 7982 W. Va K Drook CIV	(VIANISOY)
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
	th of the signatures on this paper. I know that the signers are electors of the juri- full knowledge of its content on the date indicated opposite his or her name. I lole under S.12.13(3)(a), Wis. Stats.	
(Month) / / <u>20 //</u> (Year)	Janus Lofemann (Signature of Circulator)	Page No. (Official Use Only) # 1979

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: ANGELA ROHERTY Sign: OKOLUS TY	street: 4390 Nichody Ch #108 City: Madison zip: 53784	□ Town □ Village □ City Madison (Municipality Name)	(//5/20 <u>((</u> (Month) (Day) (Year)	Email LCSS Phone
2. Lacoy- Print Renata L. Sturteve Star Letter	city: Madister zip: 53/04 int Street: W9695 Lake Dr city: Edgerton zip: 53534	□ Town □ Village □ City (Municipality Name)	1 /15/20	Email Format Phone (LOB)
3. Print: Clinton Cloush Sign: Louden	street: 2316-8 Badger IKWY City: Madison, WC zip. 53713	Town Village City Madison (Municipality Name)	(Month) (Day) (Year)	Phone (
FROBERT PHILBIN SIGNALLY	Street: 622 W OLIN AVO City: MADISON Zip: 53715	Town Village Village MAOIS DN (Municipality Name)	//3 ⁷ 20 (Month) (Day) (Year)	Phone
5. Print: Suzanna Lendborg sign Suzinn Sender	street: 976 Dane St.	□ Prown □ Village □ City (Municipality Name)	///3/20	Mans Phone
Ance Lehmann, (Printed Name of Circulator)	certify): I reside at 7982 W Oak brook (Circulator's Residence - Street Name and Nu	K Cinle City of (Circulator Munic	Modesin	A27-9.
(1 rimed frame of Circulation)	(Circumor a residence - bireet Name and Na	(Circumus Munic	ipainy)	Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Return by, Committee

PO Box 256

Phone

Retuen by J

Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee 1 Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 256 Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONT Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ASANI ☐ Town Street: 9/3 TWIN PINES OR ☐ Yillage ☐ City 11/15/2011 Phone Email ☐ Town ☐ Village City Email ☐ Town ☐ Village Phone 600 Email □ Town □ Village □ City Phone Email □ Town □ Village Phone Certification of Circulator 21 Circulators, Please include your co

I, Janiet	e Lehr ted Name of Circ	<i>NG III</i>), (certify culator)): I reside at 7982 (Circulator's	W, Oa Residence - Stree	Rhook Cik	lų	City of /	Madisol nicipality)
named in this petition. I	know that each pe	rson signed the paper w	each of the signatures on this pa ith full knowledge of its content hable under S.12.13(3)(a), Wis.	on the date indicate				
/	/5 (Day)	/ <u>20 //</u>	(Signature of Circul	Schwill Lator)	<u>u</u> n		Page No. (Official) # 1981	Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569

	THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNIC:PALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Lauison, Wi
	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
,	JHARON L BOTTO	NOTE OURSE RO	□ Town □ Yillage City	11/15/20/1	Email
C	Muson Fr Dattons	City MADISON ZID 53704	Municipality Name)	(Month) (Day) (Year)	(608)=
	Print Kelkne Leicht	Street: 3472 Freedom Ln.	Town Village	1 /15/20/1	Email
	Sof gellere yu	City: Madi'sm zip: 53718	Blooming Grove (Municipality Name)	(Month) (Day) (Year)	(608)
	Prince Detay L Wilcox	Street: 3314 Donby Down	Town Village RCity MAD110 M	(Month) (Day) (Year)	Email Phone
_		City: Madrain Zip: 52713	(Municipality Name)		(604)
	4. Print: Timothy M. Birkley Sign: T. B.	Street: 105 A Cown Prive	Town Village City (Municipality Name)	11 /15/20 11 (Month) (Day) (Year)	Email +bink Phone
	5. (4) (2) (1)	civi Warnakee zip: 53597	□Town		Email
	Print: MIN (PU TILE) Sign July (PU)	Street: 1319 Hacier Hill Drive	Willage (Municipality Name)	11 /15/20 1 (Month) (Day) (Year)	Phone ()
	Elical Ala Capa	Certification of Circulator	- 1/2 Mn - :		A2279
	I, Printed Name of Circulator)	certify): I reside at (Circulator's Residence – Street Name and Nu	mber) (Circulator Muni	icipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

Return by Jan Committee to PO Box 2569

Madison, WI

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
Susan B. GEHRKE Swan B. GEHRKE	SOS TANGLEWOOD DR# 105	Town Village City (Municipality Name)		Phone (608)
Print: EVON Haney Sign: FLOW Haney	street: 74 Sunfish G 1 City: Madison zip. 53713	Town Village City (Municipality Name)	/ 5/20 _ (Month) (Day) (Year)	Phone
Sign: Joan GuGEL Sign: Joan Stegel	Street: 53 Jongal h City: Maderin Zip: 53713	MTown Village City Municipality Name	// //3/ _{20_} // (Month) (Day) (Year)	Phone ()
4. Print: MARY PUBSCHIVER Sign: 3	Street: 2666 PENNWALL CIR City: FITCHBURG 21p: 53711	Town Village FITCHBURG (Municipality Name)	// //5/20/1	Email Phone
5. Print: COCA) Cerasan. Sign: Come Charm	Street: 3260 Pleasant St City: Sun Prairie Zip: 53590	Town Village City Sur Prairie (Municipality Name)	(Month) (Day) (Year)	Phone ()
LElizabeth Germ.	Certification of Circulator (certify): I reside at 5229 MeADOWS	and MADISC		A2279
I, <u>- LAGUINDUIDU</u> , (certify): I reside at	JC 121 11 SYL 110)(<i>)</i>	011

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

(Circulator's Residence – Street Name and Number)

//	15	_/20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Elisbert & Hora
(Month)	(Day)	(Year)	(Signature of Circulator)

(Printed Name of Circulator)

(Circulator Municipality)

Circulators, Please include your con

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja Committee to

PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPAI THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWA	LITY OF RESIDENCE, IS NOT SUFFICIENT. YS BE LISTED.		Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: ROBERT J, MOCCERO	Street: 109 OHIO AUENUE	Town Village NADISON	115/2011 (Month) (Day) (Year)	Email VMOCC Phone
NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) 1. Print: ROBERT J, MOCCERO Street: 109 OH 10 AUENUE City		(608)		
	Street: 2407 Sommers Ave. Apt. 2	□ Village	 	Email
John H. Jan	City Madison WI Zip. 153704	1 0 112	(Month) (Day) (Year)	Phone ()
	Street: 8407 Sommers Ave, #3		11 /5/2011	Phone Phone
sign: MANY F. COM	city: Madison zip: 53704	(Municipality Name)	(Month) (Day) (Year)	(60%)
4.		□ Village	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ / ZU (Month) (Day) (Year)	Phone ()
5.	Street	□ Village	1 1	Email
Sign:		(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
S): 1 11 0 2		``	1	x A2279
I, VIIZA beth (SeKOV, (C) (Printed Name of Circulator)	certify): I reside at 5829 W endown (Circulator's Residence – Street Name and	Number) (Circulator Muni	icipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

PAGE NUMBER:

W1985-1991

NOT SUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING		LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	Vome	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
~ ^ ^ ^ ^ · ~		street: 2850 Coho	□ Town □ Village	11 /15/2011
-AN DAVIS	Jas Jan	City: Mad 1800, WT Zip: 53713	RCity Madison	(Month) (Day) (Year)
		Street: 2719 1/2 W. Court.	☐ Town ☐ Village	11 /15/2011
Justin Thies	Dustin from	city: Danesville zip: 53548	Acity Janesville	(Month) (Day) (Year)
ω	1, 15	Street: 30 N. 7th St.	□ Town □ Village	11/15/2011
lary Ebeling	Many belser	city: Madian zip: 5370	City Madisor	(Month) (Day) (Year)
		street: 11 E. Howard St.	□ Town □ Village	11/15/2011
usan Bahn Montha	JANON BAHWMUNH	rcity: Portage W zip: 5390)	1 DCity 1-077288	(Month) (Day) (Year)
	D. Min	Street: 2529 & MIFFLIN ST	Town Village Madisco	11 /15/2011
ente Miller	Kluly	city: Madison zip: W153	7 XCity 1019 4 3 6 7	(Month) (Day) (Year)
	D 11 mall	Street: 3 Dale of 5370 f	☐ Town ☐ Village	11 /5/20/1
GOCHELLE MIKEY	Mockette Mygy	City: MadiSM WI zip 18704	The MADISON	(Month) (Day) (Year)
	\mathcal{H} · \mathcal{L}	street: 325 N. Sherman Ave	☐ Town ☐ Village	11/15/20/1
chonica perny	Veronica Borre	1 City: MCCC (Son, Jul zip: 53 Foll	Deliy Madison	(Month) (Day) (Year)
		Street: 1853 Boyd He (Boyd	☐ Town ☐ Village	11/15/20/1
11 chol Johnshacher	1,400	City: 1/422.500 zip: 53704	Deity MASSON	(Month) (Day) (Year)
zanne J. Chapin	De la Chamina	Street: 2818 Commercial Ave.	□ Town □ Village ▼City Madism	11/15/2011
CAMPIAL	Aligenne J. Mapin	city: Madism, WI zip: 53704		(Month) (Day) (Year)
Jilliam K McCotry	1. X MACAT	Street: 16909 Driscil	Town Village VCity VAPUSON	11 /5/2011
WILLIAM K INICOTRY	WWN IN Way	City: Madison Wis zip: 53718	Le City	(Month) (Day) (Year)
Arthu Hacts	att	of Circulator	the Madina	3204
(Name of Circula	ator)	tify): I reside at (Circulator's Residence – Street name a	nd Number) (Circulator N	Junicipality)

(Month) (Day) / 20 / (Year) Page No. (Official Use Only) # 192

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	FPURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Dorothy Kanter	Dorothy Kanter	street: 450 Jenna Dr City: Verona zip: 53,593	Town Verona		Emai
2. Leigh Hartjes Dr	Jef Hent	Street: 313 Bischwood Dr City: Verona zip: 53593	Town Verona	/) /15/20/1 (Month) (Day) (Year)	Emai
3. Dave Richardson	Datte	Street: SCO Jenna Dr. City: Verana, WI zip: 53593	Town Verona JAK	11 /15/2011 (Month) (Day) (Year)	Emai
DARCY PERRIN	Darcy Perein	Street: 808 JENNA DR City: UERONA Zip: 53593	Town Village UERONA	// / <u>J</u> 20 <u>//</u> (Month) (Day) (Year)	Phon
BRIAN BOWERS	Frank Johnsen	Street: 846 JENNA DR City: VERONA WI Zip: S3593	Town Village VERONA	U/LS/2011 (Month) (Day) (Year)	Phor
Bob Cooney	Pan Jan	Street: 305 Birchouod Ln City: Verma zip: 53593	Town Village Veron	/ / /	Pho
Loei K Van Ness	In Ways	Street: Verona zip:53593	Town Village Stity Verona	(Month) (Day) (Year)	Pho
Haine; On yang	hen	Street: 500 Jenna Dr City: Verona zip: [35]3	Town Verona	// / 5 20 // (Month) (Day) (Year)	Ema
. Chad Warner	Chd Win	Street: 495 Jenna Dr City: Verma zip: 53593	Town Village City VIVA	11 /15/2011 (Month) (Day) (Year)	Phor
SEAN LEE	Con L	Street: 500 Jenna DL. City: Whona zip: 53593	□ Town □ Village City	11/15/2011 (Month) (Day) (Year)	Pho
Dorothy Kan	Certification of the control of the	of Circulator fy): I reside at 450 Jenna Dr (Circulator's Pasidence Street name and	City & krona 4	115358	, , ,

(Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know they respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) |

1993

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

ticle XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Stat	utes.		
THE MUNICIPALITY USED FOR MAILING	FURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Veena Brekke	Veena Brekere	street: 6426 Inner Dr City: Madison W zip:53705	Town Village Madison	11 /15 /2011 (Month) (Day) (Year)
Cathry Winch	Lui M Syrishaf	street: 6701 Jacobs Nay City: Madlson zip: 537H	Town Village Madison	// /S/2011 (Month) (Day) (Year)
Julie Trinkher (Jules Frende	Street: 1 Verde Ct. City: Madison zip: 53719	Town Village Malison	1 /15/20 L (Month) (Day) (Year)
KEUN COUMBE	Tul	Street: 2644 MICA RU City: MADISUN Zip: 53711	Town Village Fitchberg	Month) (Day) (Year)
Leslie Jensen	Lesli in Jerson	Street: 4223 Green Lent Dr.	Trownshap Village City Dedzevine	// /C/20/1 (Month) (Day) (Year)
Janet Subatke	Janet & Solathe	Street: 7801 Brule St, City: Madison WI zip:53717-18	Town Village City McLison	// //6/2011 (Month) (Day) (Year)
In land Zwenkel	Julian 3. Tell	Street: 7838 BrieSt. City: Madisus WI zip: 53717	Town Village City Mades	1\/16/20_[/_ (Month) (Day) (Year)
Carla Nordness	Calle & Indian	street: 117 Wolf St. City: Madison WI zip: 53717	Town Village Madism	1) /16 /20 11 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)
Cathken M. Ca		of Circulator ify): I reside at 1841 Brule St. 1 (Circulator's Residence - Street name and	Cityo Malison Malison (Circulated)	Wunicipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Stat	cutes.			
THE MUNICIPALITY USED FOR MAILIN	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Brian Coda	Billed	street: 5441 Old Middleton Rd, City: Madison zip: 53705	Town Utillage Madison	///5/20_// (Month) (Day) (Year)	Email Phone
2. Dang Barre	Bae ()	street: 312 Monte Cristo Circle City: Verona zip: 53593	□Town □Village BCity	11 /15 /2011 (Month) (Day) (Year)	Email Phone
3. Doug Schoebel	2/2/1	Street: 7802 BIG SKY DR #128 City: MADISON zip: 53719	Town Village Malison	/15/20 <u> </u> (Month) (Day) (Year)	Email Phone
JII Patrule	Ju Ward	Street: 1338 Rufledge # Z- city: Malson zip: 53703	Town Village MAD 50 N	(/ /(5/20) (Month) (Day) (Year)	Email Phone
5. VICKI OLSON	Hicki Olson	Street: 66E Ponwood Circle City: Madison zip: 53717	Town Usuage Malison	11 /15/2011 (Month) (Day) (Year)	Email
Tracey Ziegler	Tracey Ziegler	Street: (0302 Walden Way City: Madism zip: 53719	Town Village Madison	11 /15/20[1] (Month) (Day) (Year)	Email
KRISTIN ROOSMAL	Nylistin Cosmalin	Street: 26 N LINKOLN RIDGE 523 COLOR: MADISON ZID: 53719	Town Village Mad150N		Email Phone
*Michael Makar	M Mul	Street 2545 Hand St 53704 City: Madrison Zip. 53704	Town Utillage	(Month) (Day) (Year)	Email
Davio Anderson	gut lal-	Street: 7355 Tree Lane City: Maglison zip: 53717	Town Village Mak, Son	// //5/20 <u>//</u> (Month) (Day) (Year)	Email
Lenny Raimer Ph	Penny Raimer	Street: NA 990 Hwy F City: Portage zip: 53901	Town Fort Winnelogo Wilage Fortage Cnc	// //5/20// (Month) (Day) (Year)	Email Phone
	Certification	of Circulator	. City of		
Cathleen M.C.		ify): I reside at <u>7841 Brule Stve</u> (Circulator's Residence – Street name an		Municipality)	Ciı



To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

	STATES PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	i
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Cathleen M. CANAVAN	Cathe Ban	street: 7841 Brule Street City: Malison, WI zip: 53717	Town City Malison	// /15/20_/(Month) (Day) (Year)	Emai
2. David Gill	David Diel	Street: 7829 Brule 57 City: Na 1:501 W1. zip: 53717	Town Village Mad4504	//////////////////////////////////////	Emai
Anne Mieller	Chry Miller	Street: 782 Brull 575311 City: Mad 1502 zip: 53717	Town Village Mac/1507		Emai
4. Carol Foglestad	(authority to)	Street: 75/B Tree Cone #2 City: Madison zip: 537/7	Town Village Madison		Emai
Corinne Olson	Count Olso	Street: 5745 Old Middleton Rd City: Madison Zip: 53705	□ Town □ Village P(City Modison	(Month) (Day) (Year)	Phon
Michael Calvert	15	Street: 20 Oak Grave DR. City: Madigan W; zip: 53717	Town Village City Mad in	(Month) (Day) (Year)	Emai Phon
Barbara Roth	Barbara Polts	Street: 7853 E. Oakbridge Way City: Madison zip: 53717	Town Village City Mulisur	// //5/20 <u>1/</u> (Month) (Day) (Year)	Phon
8. Cnc	CMC CMC	Street: GCAC City: Makish Zip.53777	Town CMC Utilage PICity Makes	// // // // // // // (Month) (Day) (Year)	Phon
Kathleen Shanonich	Kathu Key Shanows	street: 1434 W. Skyline Dr. City: Madison zip: 53705	□ Town □ Village ☑ City Machison	///5/2011 (Month) (Day) (Year)	Phon
Bolling Smith	Bolly B. Small	Street: 4502 WHITE ASPEN RD City: MADISON Zip: 53704	Town Village MADISON	///15/20_1] (Month) (Day) (Year)	Phon
Cathleen M. C	Certification (certification)	of Circulator fy): I reside at <u>7841 Brule Stra</u>	eet Malion		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Richard L. Langer	Richard Lange	Street: 57496 Sheil Dr. City: Oregon zip53575	Strown Oregon City	11 /15/20_11 (Month) (Day) (Year)	Email Je royl Phone
2. Cathy Langer	Cater League	Street: 5496 Sheil Dr City: Oregon Zip: 53575	**Town Village Oregon	/	Email Car
3. Bill Droster	Bill	Street: 106 James St. City: Beaver Dan Zip: 53916	Town Village Beaver Dan	11/15/20_11 (Month) (Day) (Year)	Email 1 Viv
ROBERT A. KASPAR	Rand Kuzzan	Street: 3809 Anarok City: MADISON Zip: 53714	Town Village City MAD ISON	11/15/2011 (Month) (Day) (Year)	Email \(\sqrt{\text{O}}\)
Fenny L Marten	Dernie Marken	Street: N6978 Stony Creek Rd City: Washer loo W1 zip: 53594	Town Cakemills	// 15/20 <u> </u>	Email Phone
Pong Backus	Dan Backs	Street: 2000 HALUKINSON Rel City: 0124m W1 Zip: 53575	Town Village Donn	11/15/20// (Month) (Day) (Year)	Email Phone
Paul J. Mickey	Paul g. Mickey	Street: 111 W: Wilson ST #20 City: Madison SON zip: 53703	Town Village Roll SUN	///5/20 (Month) (Day) (Year)	Email Phone
JAFON D. FOSTER	and.	street: 536 State St. Apt 12 city: Madison zip:53703	Town Village MadiSon	/5/20/1 (Month) (Day) (Year)	Email Phone (2)
9. Amy L. Wendorf	Amy & Wandons	street: 2750 Yahara Rd City: Stoughton WI zip: 53589	D'Town Village City Pleasant Springs		Email Phone
Dominick Liver Gi	Aminick Jiorgi	Street: 4 BLUE SPRUCE City: MADISON Zip. 53717	☐ Town ☐ Village S-City	(Month) (Day) (Year)	Email Phone
ROBERT A. KASPAR (certification of Circulator): I reside at 3809 ANCHOR DR MADISON WILL CIRC					

(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know the	at the signers are electors of the jurisdiction or district represented by the officeholder nan	ned in this petition. I know that each person signed
the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respecti	ve residences given. I support this recall petition. I am aware that falsifying this certification	on is punishable under S.12.13(3)(a), Wis. Stats.
11 / 15 /2011 1201 OKen	**************************************	Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	# <u>1997</u>
•	@@####################################	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. Charles Coniad Charles McAncel McConrad Charles McConrad Cop. Firtch burg Cop. McConrad Cop. Mc	, , , , , , , , , , , , , , , , , , , ,	onstitution and S.9.10 of the Wisconsin State		VICIPALITY OF RESIDENCE MUST ALWAY	e be i ieten
Charles Coniad Charles M. Compared Corp. Firthburg 20 53711 Compared Firthburg Committee of Compared McCullous Corp. Firthburg 20 53711 Compared McCullous Corp. Mr. Calvary 20 53 657 Compared Firthburg Corp. Mr. Calvary 20 53 657 Compared Corp. Mr. Calvary 20 53 657 Compared Corp. Mr. Calvary 20 53 71 Section Corp. Mr. Calvary 20 50 53 71 Section Corp. Mr. Calvary 20 50 50 Section Corp. Mr. Calvary 20 50 Section 20 50 Section Corp. Mr. Calvary 20 50 Section 20 50 Section Corp. Mr. Calvary 20 50 Section 20 50 Section Corp. Mr. Calvary 20 50 Section 20 50 Section 20 50 Section Corp. Mr. Calvary 20 50 Section 20 50 Section Corp. Mr. Calvary 20 50 Section 20 Section 20 50 Section 20 50 Section 20 Section Corp. Section 20 Sectio			STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	
Margaret Mc Cullough Margaret McCuelly Commy Warry Source Source Forest Commy Warry Source Commy Source Forest Commy Warry Source Commy Warry Rank Report Commy Warry Rank Report Commy Warry Source Warry Market Source Commy Market Source Commy Market Source Warry Warry Market Source Commy Warry Warry Warry Market Source Warry Warry Market Source Commy Warry Warry Warry Market Source Warry W	Churles Conrad	Charles M. Conrad		Town Village Fitch burg	
Regin Sathasivan for Service Mach 500 mil 1 1/5/2011 Comme of the Service Mach 500 mil 1 1/5/2011 Comme of the Service Mach 1 1/5/2011 Comme of	Margaret Mc Cullough	Margaret McCuely	Street: W2Z60 St Rd Z3	VTown Uvillage City Forest	
Street: N. 326 Store Devilope Woona 11/15/2011 Kim Voss Im Voss Im Voss Image Town Berry 11/15/2011 Lu Ann Hahn Beraw Hakr Cop Petrest 21053560 City Williage Ujenna 11/15/2011 Kathryn Klemant Kathryn Klement Cop: De Forest 21053558 City McFarland Committed Copy (New) Lynda Knobels of Lynda Kubseln Copy May 1 to 10 Down Williage Medicing (New) Nicholas Berger Model My 200 53558 City Stoughton 210 1/15/2011 Nicholas Berger Model My 200 53558 City Stoughton 210 1/15/20 Copy Stoughton 210 53558 City Stoughton 210 53558 City Stoughton 210 1/15/20 Copy Stoughton 210 53558 City Stoughton 210 1/15/20 Copy Stoughton 210 53558 City Stoughton 210 1/15/20 Copy Stoughton 210 53558 City Stoughton 210 53558 City Stoughton 210 1/15/20 Copy Open Schill Copy Open 210 53558 City Stoughton 210 1/15/20 Copy Open 210 53558 City Stoughton 210 50 50 50 50 50 50 50 50 50 50 50 50 50	Ragini Sathasi	am by Sel		Town Village DANC	
Lu Ann Hahn Lu and Hahr Street: 5758 HAHD Rd Vilage Vilana 11/5/201/ (Mosth) (Day) (Vear) Kathryn Klernent Kathryn Klernent Street: 5315 Black Walnut Dr. Town Village McFeirland 11/5/201/ (Mosth) (Day) (Vear) Lynda Knobeloch Lynda Kubalil Street: 4245 Maniton Way Town Village Medis m 11/5/201/ (Mosth) (Day) (Vear) Nicholas Berger Mahl Hy Street: 2103 Blue Heron Ct Town Village Stoughton Village Stoughton	Done rotter	all had		Village 1) Vin the occ	
Kathryn Klement Kalmyn Klement Street: 5315 Black Walnut Dr. City: McFayland WI zip: 53558 City: McFayland WI zip: 53558 Lynda Knobeloch Lynda Kurzlar Street: 4245 Maniton Wuy City: Madison WI zip: 537// City: Madison Williage Wicholas Berger Micholas Berger Micholas Berger Month My Street: 2108 Blue Heron Ct City: Stoughlon zip: 53589 City: Stoughlon zip: 53589 City: Stoughlon Zip: 53589 City: Opforest zip: 5357 > Certification of Circulator	Kim Voss	Km Voss		Trown Utillage Berry	
Lynda Knobelsch Lynda Kubzlich Street: 4245 Maniton Way City: McFarland WI zip: 53558 City Metarland (Month) (Day) (Year) Street: 4245 Maniton Way City: Madison WI zip: 537// City Madison Wicholas Berger Micholas Berger	Lu Ann Hahn	Leiann Hahr		Town Uillage Uillage Uillage Uillage	
Lynda Knobelach Lynda Kurszlai Street: 4245 Maniton Wuy City: Madison 11/15/2011 Willage Madison Willage Madison 11/15/2011 Willage Madison 11/15/2011 Willage Madison 11/15/2011 Willage Madison 11/15/2011 Willage Madison Willage Madison Willage Madison 11/15/2011 Willage Madison Willage Madison	Kathryn Klennent	Kathyn Klemen		Town Willage McFarland	
Nicholus Berger Mules My Street: 2108 Blue Heron Ct City: Stoughton Zip: 53589 Street: 3456 Windsor &d City: O et a rest Zip: 5357 = Certification of Circulator Town Village City Stoughton 11/15/20 Wonth) (Day) (Year)	Lynda Knobeloch	Lynda Kursalal	Street: 4245 Maniton Way	Town Village Mach 3 m	
Joden Schen Joben Schin Street: 3456 Windsor & Village City: O et o rest zip: 5357 2 Certification of Circulator		Mild Hogy		Town Village Stoughton	1 ' ' '
	Jodeen Schehr	:	city: O eforest zip: 53572	- -	
(Name of Cinculator) (Cinculator) (Cinculator) (Cinculator) (Cinculator)	Pamela Campb		fy): I reside at 1509 Drewry		115077

(Name of Circulator)	(Circulator's Residence – Street name and Numb	ver) (Circulator Municipality)
I personally circulated this recall petition and personally obtained ea	ch of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeh-	older named in this petition. I know that each person signed
the paper with full knowledge of its content on the date indicated op	posite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this c	certification is punishable under S.12.13(3)(a), Wis. Stats.
11/15/2011	Panela Campbell	Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	#_1998
		1

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Emily Natera	Cominy 40 Nadera	Street: 1534 Anzona Pass City: Madison W Zip: 53704	Town Village City MadiSon	1\ /15 /20 1\ (Month) (Day) (Year)	
Randy v Natera	Ruly V Mr	Street: 1534 Avizona Pass City: Madison · W/ Zip: 6553704	Town Utiliage Mad 804	// //6/20 <u>11</u> (Month) (Day) (Year)	
Staci Mille	Haw R. Miller	Street: 2313 Myrtle 5th City: Madison zip. 53704	Town Village Mad 1500	/////20	
Kathy Camp	Kathy Camp	street: 359 Field Ct.	Drown Draine Sun Prairie	11 /15/20 11 (Month) (Day) (Year)	
Tim Taylor	Ti D'a	Street: 2742 Herrina St City: Mandison WI zip: 53704	Town Madi'so	((/15/20/((Month) (Day) (Year)	
Alex Chapus	Ma Chapat	Street: 3926 Mayret St City: Malisia W Zip: 53714	□ Town □ Village □ City Milion	// /5/20// (Month) (Day) (Year)	
Charles Smith	allesonth	Street: 511 Pawars AVE City: Madison zip: 537H	Exillage Blooming Grove	(Month) (Day) (Year)	
Jamie Sobacki	Jame Sobacki		Town Village Sun Prairie	//5/20]] (Month) (Day) (Year)	
Kell: Becker	KellAR	street: 725 Jenifer St. City: Mach Son, Wl zip: 53763	Town Village Madison	11 /15 /20	
Myra McNair	My M. Max	street: 541 North Star Dr. City: Madison WI zip: 53718 of Circulator	Town Village Madison	// /5/20// (Month) (Day) (Year)	

Certification of Circulator

I, Sahar Penning (Circulator)

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

Ox 1000 9

Page No. (Official Use Only)
1999

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Tuele Alli, Section 12 of the Wisconsin Col	nstitution and S.9.10 of the Wisconsin Stat	utes.		
THE MUNICIPALITY USED FOR MAILING	FPURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Daniel Musser	In Me	Street: 706 Anthony Ln City: Madison zip: 53711	Town Village Mad ison	(Month) (Day) (Year)
Dennis J. Dissmore	Dens Dim	street: W8766 Kent Rd City: Poynette zip:53955	XTown Utillage DeKorva	11 /16/20 11 (Month) (Day) (Year)
3. John Litweiler	Samuel	Street: 5705 Oxlow Bend City: Madison, WI zip: 53766	Town Willage Wadison	(Month) (Day) (Year)
Jesse Kirk	Just	Street: 2317 Columbus Ln APT#2 City: MADISON WE zip: 53764	☐ Town ☐ Village ☑ City	// /4 /2011 (Month) (Day) (Year)
tally Kirn	Holly Kin	city: Madioon WI zip: 53704	Town Usillage City Mad voo	(Month) (Day) (Year)
Karen R. Shevet Dinah	Sur antig	Street: 351 W. Wilson St. # 1 City: Madison, WI zip: 93703	□ Town □ Village □ KCity MADISON	11 /16/20/11 (Month) (Day) (Year)
Travle Vanders, A	Challady)	Street: 1625 Kings Mill Day 4106 City: Madison zip: 537/8	□ Town □ Village City Madison	// // /20 <u>//</u> (Month) (Day) (Year)
Stephen D. Spera	Stylin D. Spean	street: 5326 Garden View Ct.	Town Village Madi Sân	// //6/20// (Month) (Day) (Year)
"MARY HENRY-CHIOZY	Maryie Hung Chin	Street: 3922 Dennatt DR City: Madison ut zip: 53714	Town Village Madison	(Month) (Day) (Year)
Albert Chioca	alked	Street: 3922 Dennett NL City: MadISON zip: 537/4	Town Village Madro	1(/16/20 <u>11</u> (Month) (Day) (Year)
Michael Pionke Certification of Circulator (Circulator's Residence - Street name and Number) (Circulator Municipality)				

11. 1	De 1	Certification of Circulator	APT De Connet
i, /lichae/	Pionke	, (certify): I reside at	Deforest
• •	(Name of Circulator)	(Circulator's Residence – Street name and N	Number) (Circulator Municipality)
		h of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the of	
the paper with full knowledge of it	ts content on the date indicated opport	osite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying	this certification is punishable under S.12.13(3)(a), Wis. Stats.
P1 1 11	/20 //	Muchael Keonde	Page No. (Official Use Only)
(Month) (Da		(Signature of Circulator)	# 2000
			ii